



Employee Catastrophic Illness/ Injury Sick Leave Donation Policy

1. In the event that an employee suffers from a catastrophic illness or injury, or must provide care to his/her spouse or child who suffers from a catastrophic illness or injury, and in the event that the employee has insufficient Sick Leave to complete the recovery from the illness/injury or care for his/her family member, the TCSE Board will allow other employees to donate Sick Leave to the individual up to a maximum of sixty (60) work days in a twenty-four (24) month period.
2. TRS employees may only donate Sick Leave to a TRS employee. IMRF employees may only donate Sick Leave to an IMRF employee.
3. Donations will be made per illness/incident. Employees requesting/donating Sick Leave will utilize the form provided by the Director's office. Request forms will become part of the requesting employee's personnel record. Individual records of donations will remain confidential and become part of the donor employee's personnel record.
4. This policy does not apply for normal Maternity Leave.

Eligibility/Request Procedures:

- a. The employee will submit a "Request to Receive Donation of Sick Leave" to the Director.
- b. The employee's request to use donated Sick Leave days must be accompanied by a written medical statement from the employee or family member's treating physician that identifies the employee or family member's serious health condition. For the employee, it must confirm that the employee is not medically able to return to work or may only return on an intermittent basis, and identify the date the employee will be able to return to work. An FMLA medical statement will suffice if the employee qualifies for FMLA.
- c. The employee will not be eligible to receive donated Sick Leave days if the employee's physician does not identify a return to work date and/or the physician states that the employee will never be able to return to work.
- d. The employee is eligible to receive donated Sick Leave days only if the employee has exhausted all of his/her paid leave (i.e. Sick Leave, Personal Leave, Vacation, Variance time).
- e. An employee absent due to a work-related injury who is receiving Worker's Compensation benefits is not eligible to receive donated Sick Leave days under this policy.
- f. If the ill/injured employee commences to draw benefits under the state retirement or disability system (TRS/IMRF), he/she will cease eligibility to use donated Sick Leave days.
- g. Consistent with the district's FMLA policy, the use of donated Sick Leave days shall run concurrent with any period of FMLA leave.



- h. If eligible, only the number of days requested by the employee will be granted. Reapplication is required if the employee needs more days than originally requested. Under no circumstances can an employee use more than sixty (60) Sick Leave donation days in a twenty-four (24) month period, with the 24-month period starting on the date the employee uses his/her first donated Sick Leave day.
- i. An employee that requests the use of donated Sick Leave days is not guaranteed that other employees will make such a voluntary donation of their Sick Leave days, nor that the voluntary donations will be sufficient to cover the number of days required for the illness/injury.

Employee Donors:

- a. In order for an employee to be eligible to donate Sick Leave days to another employee, the donor employee must maintain a balance of no less than thirty (30) Sick Leave days in his/her account.
- b. Donors must complete the “Voluntary Donation of Sick Leave Form” specifying the maximum number of Sick Leave days they are willing to donate to the identified employee and submit to the Director.
- c. As the recipient needs Sick Leave, a day will be taken from each donor in the order donor forms were received, up to the maximum number of days donated.
- d. Employees that donate Sick Leave days acknowledge and agree that any days donated and used by the applicant shall not be returned to the donor employee under any circumstance. Additionally, the donor employee acknowledges that any Sick Leave days donated shall not be counted or reportable to TRS/IMRF for service credit.



Request to Receive Donation of Sick Leave Form

In accordance with the Employee Catastrophic Illness and Injury Procedures, I am requesting to use Sick Leave days that other employees voluntarily donate to me.

Name of Requesting Employee: _____

Date all available paid leave will be exhausted: _____
(Sick, Personal, Vacation, Variance time)

Number of Sick Leave days requested: _____

Brief description of medical reason for requesting Sick Leave donations (FMLA paperwork will suffice if the employee qualifies.):

1. I have attached a written medical statement (or submitted FMLA forms) that identifies my serious health condition and confirms that I am not medically able to return to work full-time.
2. I have read the Employee Catastrophic Illness and Injury Sick Leave Donation Policy, I understand and accept the terms.
3. I understand that I am not guaranteed that other employees will make a voluntary donation of their Sick Leave days to me or that the voluntary donations will be sufficient to cover the number of days I have requested.

Employee Signature

Date

TCSE Director

Date

The employee's request to use donated Sick Leave days is: ___approved ___not approved.



Voluntary Donation of Sick Leave Form

In accordance with the Employee Catastrophic Illness and Injury Procedures, I am requesting to donate Sick Leave days to the individual specified.

Name of Donating Employee: _____

Current number of Sick Leave days accrued: _____

Donation being made to: _____
Employee Name

Employees may also donate days unspecified.

Maximum number of Sick Leave days donated: _____

1. I am voluntarily making this donation of my Sick Leave days to the above employee.
2. I have read the Employee Catastrophic Illness and Injury Procedures and understand and accept the terms.
3. I acknowledge and agree that any days donated and used shall not be returned to me under any circumstance.
4. I understand that my Sick Leave balance must be at least 30 days in order to donate Sick Leave.
5. I acknowledge that the Sick Leave days that I am donating shall not be counted or reportable to TRS/IMRF for service credit.

Employee Signature

Date

TCSE Director

Date

The employee's request to donate Sick Leave days is: _____ approved _____ not approved.



Notice of Employee's Request for Donation of Sick Leave Days

_____ A TRS licensed employee, has requested to use Sick Leave days that other employees voluntarily choose to donate for his/her use.

_____ An IMRF non-licensed employee has requested to use Sick Leave days that other employees voluntarily choose to donate for his/her use.

The Joint Agreement has determined that the employee is eligible to use donated Sick Leave days pursuant to the Employee Catastrophic Illness and Injury Sick Leave Donation Policy.

If you are interested in making a voluntary donation of Sick Leave days to the employee, please:

- read the attached Employee Catastrophic Illness and Injury Sick Leave Donation Policy and procedures.
- complete the Voluntary Donation of Sick Leave Form and return that form to Jan Pearcy, Director, at jpearcy@tcse.us or through interoffice mail by _____.

Date

Thank you for choosing to provide extra support to our co-worker and the Tri-County team with your donation!

Director Pearcy